DOC ID ----> 201127800745

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/06/2011	201127800745	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

DR. SOMAIYA
8183 OVERLOOK CT
SPRINGBORO, OH 45066

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

2052099

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SEVA DENTAL

and, that said business records show the filing and recording of:

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 09/28/2011
Expiration Date: 09/30/2016

Document No(s):

201127800745

DR. NIMISHA SOMAIYA, LLC
4451 STATE ROUTE 725
BELLBROOK, OH 45305

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of September, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201127800745

Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

Expedite: PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

Non Expedite: PO Box 670, Columbus, OH 43216

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☑ Trade Name (167-RNO)
Date of first use: 9/28/2011

☐ Fictitious Name (169-NFO)

Name being registered or reported: SEVA DENTAL

Name of the Registrant: Dr.Nimisha Somaiya,LLC

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

☐ Individual

☐ Partnership
Registration # , if any _____

☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☑ Limited Liability Company
Registration # 1634773
If foreign, Jurisdiction of Formation _____

☐ Ohio Corporation
Charter # _____

☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____

☐ Unincorporated Association

☐ Professional Association

☐ Other

DOC ID ----> 201127800745

All registrants must complete the information in this section

Business address:

4451 State Route 725
Mailing Address

Bellbrook | OH | 45305
City | State | Zip Code

The general nature of the business conducted by the registrant:

Dental Practice

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by the registrant or an authorized representative

Signature — 9/28/2011 Date

Nimisha Somaiya
Print Name

Signature — Date

Print Name